

DECLARATION AND POWER OF ATTORNEY

Attorney Docket No.
9D-HR-19109

#7

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **SPILLPROOF REFRIGERATOR SHELF**, the specification of which:

(check one) is attached hereto.
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Full Name: David Wayne MaskerSignature: David Wayne Masker Date: 6-26-02Residence: Louisville, KY 40299Citizenship: USPost Office Address: 11512 Saratoga Club Rd., Louisville, KY 40299

SECOND JOINT INVENTOR, IF ANY:

Full Name: Richard Anthony Stitch

Signature: _____ Date: _____

Residence: Saluda, NC 28773Citizenship: USPost Office Address: 1378 Rixhaven Drive, Saluda, North Carolina 28773

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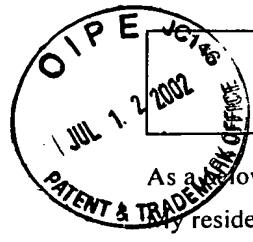
FIFTH JOINT INVENTOR, IF ANY:Full Name: Ellen Buell Throdahl

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Residence: Clearwater, FL 33761Citizenship: USPost Office Address: 3296 Masters Dr., Clearwater, FL 33761**SIXTH JOINT INVENTOR, IF ANY:**Full Name: Lisa Carol Steelsmith

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